07/15/2009 17:46

Image# 29934273194

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For C	λτηει	r inan An	Autnorize	ea Comm	ittee		Office U	se Only	
1.	NAME OF COMMITTEE (in full)			IAILING LAB OR PRINT 🙀		xample:If typi ver the lines	ing, type				
Ш	Kidney Care Partners Politica	al Action	n Com	nmittee							
Ш			11		1 1 1				1 1 1 1 1		
ADI	DRESS (number and street)	574	46 Un	ion Mill Road	1 1 1		1 1 1 1 1	1 1 1	1 1 1 1	1 1 1	1
*	,	P.0	O. Box	160							1
	Check if different than previously reported. (ACC)	Clit	fton					VA	2	0124	
2.	FEC IDENTIFICATION NUM	IBER	₩		CITY 🛋			STATE	L	ZIPCOD	E 🛕
	C00431924			3	3. IS THIS REPOR		NEW (N) OR	X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b	o) Mor Rep Due		Feb 20 (M2		May 20 (M5)		Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
	_				Apr 20 (M ²	1)	Jul 20 (M7)		Oct 20 (M10)		Year Only) Jan 31 (YE)
	April 15 Quarterly Report(Q	1)	(2)	12-Day			OD)			П	Dunoff (10D)
	X July 15 Quarterly Report(Q2		PRE-Elec		lection		2P)	Ge	neral (12G)	Ш	Runoff (12R)
	October 15 Quarterly Report(Q	3)		Report for th	e:	Convention	n (12C)	Spe	ecial (12G)		
	January 31 Quarterly Report(YI	E)		E	lection on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)		(d)	30-Day Post -Election Report for the		General (3	80G)	Ru	noff (30R)		Special (30S)
	Termination Report (TER)			·	lection on					in the State of	
5.	Covering Period 0 4	ŀ	0 1	2009	,	through	h 06	3 0	2009		
	ertify that I have examined this F	•				e and belief it	t is true, correc	t and com	plete.		
Тур	oe or Print Name of Treasurer	<u> </u>	usani	Renee Murdoo	Ж						
Sig	nature of Treasurer Ele <u>ctro</u>	nically	Filed h	by Susan R	enee Murdo	ck		Date	07	5	2009
NO	TE : Submission of false, error	neous,	or inc	omplete inforn	nation may s	subject the pe	erson signing t	nis Report	to the penalties	of 2 U.S	.C 437g.
	Office Use									FORI	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/15

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name Kidney Care Partners Political Action Committee D [®]D 0 1 0 4 2009 0.6 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 18843.00 January 1 (b) Cash on Hand at 43393.00 Begining of Reporting Period 13600.00 41650.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 56993.00 60493.00 6(a) and 6(c) for Column B) 18160.55 21660.55 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 38832.45 38832.45 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E street, NW Washington, DC 20463

> > Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 15

Write or Type Committee Name

Kidney Care Partners Political Action Committee

Report Covering the Period:

From:

м м 0 4

D D 0

^Y ^Y ^W ^Y 2009

та.

м м 0 6 ^D 3 0

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	8200.00	27000.00
	(ii) Unitemized	400.00	650.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	8600.00	27650.00
	b) Political Party Committees	0.00	0.00
`	(c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines	5000.00	14000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13600.00	41650.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>A</i>	All Loans Received	0.00	0.00
	oan Repayments Received Streets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	13600.00	41650.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	13600.00	41650.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 15

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
,	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	160.55	160.55
((b) Other Federal Operating	0.00	0.00
,	Expenditures	0.00	0.00
((c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	160.55	160.55
	Transfers to Affiliated/Other Party		
	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	18000.00	21500.00
	ndependent Expenditure	0.00	0.00
	(use Schedule E)	0.00	0.00
. (Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
. I	_oan Repayments Made	0.00	0.00
, ,	_oans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
). (Other Disbursements	0.00	0.00
). I	Federal Election Activity (2 U.S.C 431(20))		
. '	(a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(1) 1 303/41 31/43		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,	10100 55	04000 55
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18160.55	21660.55
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	18000.00	21500.00

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13600.00	41650.00
44. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13600.00	41650.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 15 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action		I y not be sold or used by any person dress of any political committee to	
Full Name (Last, First, Middle Initial) John P Butler Mailing Address 85 Mosher Lane City Marlborough FEC ID number of contributing federal political committee. Name of Employer Genzyme Receipt For: Primary General	State MA C Occupation Presiden		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Timothy S Callahan Mailing Address 360 Mt. Kemble Aver City Morristown FEC ID number of contributing federal political committee. Name of Employer Watson Pharma, Inc. Receipt For: Primary General Other (specify)	State NJ C Occupation Vice Pres	Zip Code 07962	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Danna Caller Mailing Address 817 Colston Road City Marietta FEC ID number of contributing federal political committee. Name of Employer Abbott Laboratories Receipt For: Primary General Other (specify)		Zip Code 30064 n of Advocay and Marketing e Year-to-Date ▼	Date of Receipt M M M O 6 2009 Transaction ID: SA11AI.4180 Amount of Each Receipt this Period 300.00 political contribution
SUBTOTAL of Receipts This Page (optional)			1800.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 15 (check only one) X 11a 11b 11c 12 13 14 15 16
Any or f	y information copied from such Reports and sor commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action	Committee		
	Full Name (Last, First, Middle Initial) Timothy G Healey			Date of Receipt
	Mailing Address 20 Leslie Road			04 21 2009
	City Winchester	State MA	Zip Code 01890	Transaction ID: SA11AI.4175 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01030	250.00
	Name of Employer AMAG Pharmacenticals	Occupatio Vice Pres		political contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) John Jonas			Date of Receipt
	Mailing Address 2550 M Street			05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4256
	Washington	DC	20037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Patton Boggs	Occupatio Senior P		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Ed R Jones	1		Date of Receipt
	Mailing Address One Penn Blvd Suite 112			0 6 0 8 2 0 0 9
	City Philadelphia	State PA	Zip Code	Transaction ID: SA11AI.4170
	FEC ID number of contributing federal political committee.	C	19144	Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed Practice	Occupatio Nephrolo		political contribution
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
	JBTOTAL of Receipts This Page (optional) .	1		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 15 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action	the name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda Keegan Mailing Address 1238 Pinecrest Circ City Silver Spring	cle State MD	Zip Code 20910	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer LDK Associates Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate]
Full Name (Last, First, Middle Initial) Michael D Klein Mailing Address 1425 Willowbrooke	Circle		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4167
Franklin FEC ID number of contributing federal political committee.	C	37069	Amount of Each Receipt this Period 1000.00
Name of Employer Renal Advantage Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate		political contribution
Full Name (Last, First, Middle Initial) William C Lennox, III			Date of Receipt
Mailing Address 3314 Mount Pleasa	int Street NW		04 29 2009
City Washington	State DC	Zip Code	Transaction ID: SA11AI.4174
FEC ID number of contributing federal political committee.	C	20010	Amount of Each Receipt this Period 250.00
Name of Employer Dialysis Patient Citizens	Occupation Executive		political contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 15 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the	statements mag name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action (Committee		
A .	Full Name (Last, First, Middle Initial) Kathy Lester			Date of Receipt
	Mailing Address 2550 M Street	Chaha	7:- 0-4-	05 22 2009
	City Washington	State DC	Zip Code 20037	Transaction ID: SA11AI.4258 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2007	1000.00
	Name of Employer Patton Boggs	Occupatio Partner	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Susan Renee Murdock			Date of Receipt
	Mailing Address 5746 Union Mill Road P.O. Box 160			06 08 2009
	City	State	Zip Code	Transaction ID: SA11Al.4253
	Clifton FEC ID number of contributing federal political committee.	C	20124	Amount of Each Receipt this Period 250.00
	Name of Employer Kidney Care Partners	Occupatio Assistan	n t PAC Treasurer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) Allen R Nissenson	1		Date of Receipt
	Mailing Address 422 Cascada Way			05 09 2009
	City	State	Zip Code	Transaction ID: SA11Al.4171
	Los Angeles FEC ID number of contributing federal political committee.	CA	90049	Amount of Each Receipt this Period 250.00
	Name of Employer DaVita	Occupatio Chief Me	n edical Officer	political contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
[s	SUBTOTAL of Receipts This Page (optional)	1		1500.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 15 (check only one) X 11a
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Kidney Care Partners Political Action (Committee		
Α.	Full Name (Last, First, Middle Initial) Derrell Porter			Date of Receipt
	Mailing Address 1855 N Bissell Street			04 05 2009
	City Chicago	State IL	Zip Code 60614	Transaction ID: SA11AI.4182
	FEC ID number of contributing federal political committee.	C	00014	Amount of Each Receipt this Period 300.00
	Name of Employer Abbott Laboratories	Occupation	n al Vice President/General Mo	political contribution
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) John Schmidt			Date of Receipt
	Mailing Address 6210 Randall Court			06 12 2009
	City	State	Zip Code	Transaction ID: SA11AI.4243
	Alexandria FEC ID number of contributing federal political committee.	C	22307	Amount of Each Receipt this Period 600.00
	Name of Employer Schmidt Public Affiars	Occupation Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00	
_ C.	Full Name (Last, First, Middle Initial) Todd Tuten			Date of Receipt
	Mailing Address 2550 M Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20037	Transaction ID: SA11AI.4260 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2007	250.00
	Name of Employer Patton Boggs	Occupation Partner	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1150.00
	TOTAL This Period (last page this line number	only)		

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 11/15 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Lu Zawistowich Mailing Address 2550 M Street 0 5 22 2009 City State Zip Code Transaction ID: SA11AI.4262 Washington DC 20037 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Patton Boggs Occupation Partner Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify)

		0.50.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	250.00
TOTAL This Period (last page this line number only)	—	8200.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 15 (check only one) 11a 11b X 11c 12 13 14 15 16 17
			on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kidney Care Partners Political A	ction Committee		
Full Name (Last, First, Middle Initial) RENAL PHYSICIANS ASSOCIATION PA Mailing Address 1700 ROCKVILL City	C RPA PAC LE PIKE SUITE 22 State	0 Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ROCKVILLE	MD	20852	Transaction ID: SA11C.4164 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C coo	0409391	5000.00
Name of Employer	Occupatio	n	Political Contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 5000.00	1

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	5000.00

SCHEDULE B (FEC Form 3X)

IT		Use separate schedule			≀ LINE I ck only						/ 15
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag		$\stackrel{\sim}{\Box}$	21b 27	22 28a	X 23	3 3b	24 28c	25 29	26
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action Com	e and address of any politi									
	Full Name (Last, First, Middle Initial) CARPER FOR SENATE							ID: S		4139	
	Mailing Address 19 EAST COMMONS BI	LVD SECOND FLOOR				0 ^M 6	VI /	24	/ Y	ž 0 0	9
	City NEW CASTLE	State Zip Code DE 19720				Amou	nt of E	ach Dis	sburse	ment this	
	Purpose of Disbursement Political Contribution Candidate Name		Ca	011 ategoi Type	ry/	L.				5000.0	00
	• 🗎 –	ement For: 2012 Primary General Other (specify)	_	1,700							
	Full Name (Last, First, Middle Initial) DAVIS FOR CONGRESS/FRIENDS OF D Mailing Address 5956 W. Race Avenue	AVIS						ID: Surseme		4131 Ž 0 Ŏ	9 Y
	City Chicago Purpose of Disbursement	State Zip Code IL 60644				Amou	nt of E	ach Dis	sburse	ment this	
	Political Contribution Candidate Name		Ca	011 ategoi Type	ry/						
		ement For: 2010 Primary General Other (specify)		турс							
								ID. C	2000	4135	
	Full Name (Last, First, Middle Initial) ORRINPAC						f Disb	urseme	ent	1.00	
_	,	SUITE 650				Date o			ent	žoŏ	9 ^Y
	ORRINPAC Mailing Address 175 S. WEST TEMPLE, City SALT LAKE CITY	SUITE 650 State Zip Code UT 84101				Date o	of Disb	urseme	ent	2 0 0	Period
	ORRINPAC Mailing Address 175 S. WEST TEMPLE, City	State Zip Code	Ca	011 ategor	ry/	Date o	of Disb	urseme	ent	žoŏ	Period
	ORRINPAC Mailing Address 175 S. WEST TEMPLE, City SALT LAKE CITY Purpose of Disbursement Political Contribution Candidate Name Office Sought: House Disburse	State Zip Code	Ca	ategoi	ry/	Date o	of Disb	urseme	ent	2 0 0	Period

A.

~		/EEO E	•••													
5(CHEDULE B	(FEC Form 3	3X)	Ise sen:	arate schedule(s)		FOR LI	—		R:			PAGE	14/	15	
IT	EMIZED DISI	RURSEMENT			category of the		(check	only c	one)							_
• •		DONOLIVILIA			Summary Page		21b		22	X	23		24	25		26
							27		28a		28b		28c 🗌	29		30b
An	y Information copied	from such Reports a	and Statement	s may n	ot be sold or use	d by a	ny perso	on for	the pu	rpose	e of so	olicitir	ng contr	ibution	S	
or 1	for commercial purpo	oses, other than usin	g the name ar	nd addre	ess of any politica	comn	nittee to	solic	it contr	ibutic	ons fro	om su	ich com	mittee		
\	NAME OF COMMI	TTEE (In Full)														
\rangle	Kidney Care Par	tners Political Act	tion Commit	tee												
	Full Name (Last, Fir	rst, Middle Initial)							Trans	actio	n ID:	SE	323.41	33		
	YARMUTH FOR	CONGRESS							Date					50		
									М	M /	D	D /	/ Y	YY	Υ	
	Mailing Address	1819 Brownsbo	ro Road						0 6		0	1 '		ž o ŏ s	9	
		Suite 100														
	City		Sta		Zip Code				Amou	int of	Each	Disb	urseme	nt this	Perio	od
	Louisville		KY	<u></u>	40202					-	-		-	200.04		
	Purpose of Disburs							1					50	00.00)	
	Political Contribution	n)11									
	Candidate Name						egory/									
						Т	уре									
	Office Sought:	House	Disburseme	nt For:	2010											
		Senate	X Pr	imary	General											
		President	Ot	ther (spe	ecify) 🔻											
	State: [District:														

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	18000.00

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

	PAGE 15 / 15
	FOR LINE 21a OF FORM 3X
Activity	<i>y</i> :
е 🗌	Fundraising Exempt
	Direct Candidate Support
m (ref to	party only) by PAC

				FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (I	n Full)			
Kidney Care Partners	Political Action Co	ommittee		
A. Full Name (Last, F Susan Renee Mur				Type of Allocated Activity: X Administrative Fundraising Exempt
Mailing Address 5746 Union Mill R	oad P.O. Box	c 160		☐ Voter Drive ☐ Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
Clifton	VA	20124	001	Allocated Activity or Event Year-To-Date
Purpose of Disburser Administrative Exp			Category/ Type	160.55
Activity or Event Ident Administrative	tifier:		1 1)60	Date 0 6 0 8 7 2 0 0 9 Transaction ID: H4.4141
FEDE	RAL SHARE	+ NONFEDEI	RAL SHARE	= TOTAL AMOUNT
	0.00		160.55	160.55

SUBTOTAL of Allocated Federal and NonFederal	Activity This Page	
FEDERAL SHARE	+ NONFEDERAL SHARE	= TOTAL AMOUNT
0.00	160.55	160.55
TOTAL This Period (last page for each line only)(F	ederal share to 21(a)(i) and NonFederal share	to 21(a)(i))
FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
0.00	160.55	160.55